

**FAMILY & FAMILY GROUP LICENSE
HIGH HARM AREAS**

Date: _____ Start Time: _____ End Time: _____ Type of Survey: _____

Name: _____ Phone Number: _____

Address: _____ Capacity: _____

Notes: _____

| / | # | R430-90- | KEY WORDS | NOTES |
|--|----------|-----------------|---|--------------|
| <i>CHILDREN'S INDOOR AREA - OBSERVATION</i> | | | | |
| | 10 | 5(3) | care giver on-site care and supervision of children | |
| | 10 | 5(3)(a) | awareness of activities near enough to intervene | |
| | 10 | 9(1) | <p style="text-align: center;">TABLE 1</p> <p style="text-align: center;"><u>Family Minimum Care Giver to Child Ratios</u></p> <p>Ratios Mixed ages</p> <p>1:8 No more than 2 under age 2</p> <p>1:6 No more than 3 under age 2</p> <p style="text-align: center;">TABLE 2</p> <p style="text-align: center;"><u>Family Group Minimum Care giver to Child Ratios</u></p> <p>Ratios Mixed ages</p> <p>1:12 All school-aged with maximum of 16</p> <p>2:9-16 No more than 4 under age 2 with maximum of 20</p> | |
| | 10 | 9(1)(b) | 2 care givers in FG when more than 8 children or more than 2 infants | |
| | 10 | 9(1)(c) | maximum group size | |
| | 10 | 15(4) | firearms or other weapons | |
| | 10 | 15(7) | fireplaces, open-face heaters, wood burning stoves, portable space heaters | |
| | 10 | 15(10) | sharp objects, medicines, plastic bags, poisonous plants, lighters, matches | |

| / | # | R430-90- | KEY WORDS | NOTES |
|--|----------|-----------------|---|--------------|
| <i>CHILDREN'S INDOOR AREA - POTENTIAL QUESTIONS THAT MAY BE ASKED</i> | | | | |
| | 10 | 5(3)(b) | How often do you check on sleeping children? | |
| | 10 | 9(1)(a) | Which of your own children are included in ratios? | |
| <i>SLEEP AREA - POTENTIAL QUESTIONS THAT MAY BE ASKED</i> | | | | |
| | 10 | 15(15) | Where do infants sleep? How do you lay an infant down to sleep? | |
| <i>TELEPHONE - OBSERVATION</i> | | | | |
| | 10 | 16(5) | working order | |
| <i>CHEMICALS - OBSERVATION</i> | | | | |
| | 10 | 15(6) | stored away from children in original container or labeled container | |
| <i>MEDICATIONS - OBSERVATION</i> | | | | |
| | 10 | 10(6)(f) | secured from children | |
| | 1 | 10(6)(h) | return unused or out-of-date medications | |
| <i>MEDICATION - POTENTIAL QUESTIONS THAT MAY BE ASKED</i> | | | | |
| | 10 | 10(6)(e) | What would you do in the event of an adverse reaction to a medication or an error in a medication's administration? | |
| <i>ANIMALS - OBSERVATION</i> | | | | |
| | 10 | 18(1)(c) | not dangerous or aggressive | |
| <i>OUTSIDE AREA - OBSERVATION</i> | | | | |
| | 10 | 15(8) | equipment on soft material or grass | |
| | 10 | 15(9) | water hazards | |
| <i>VEHICLE - OBSERVATION</i> | | | | |
| | 10 | 13(2)(b) | safety restraints | |
| <i>VEHICLE - POTENTIAL QUESTIONS THAT MAY BE ASKED</i> | | | | |
| | 10 | 13(3) | Is smoking allowed while transporting children? | |
| | 10 | 13(5) | If you must leave the vehicle, what do you do? | |

| / | # | R430-90- | KEY WORDS | NOTES |
|---|----------|-----------------|---|--------------|
| <i>CARE GIVER REQUIREMENTS AND TRAINING - POTENTIAL QUESTIONS THAT MAY BE ASKED IF FURTHER CLARIFICATION IS NEEDED</i> | | | | |
| | 10 | 430-6-5(3) | Did you submit BCIs for any one in the home who is 18 or older? | |
| | 10 | 6(3) | Do care givers left alone with children have current First Aid and CPR? | |
| <i>POTENTIAL QUESTIONS THAT MAY BE ASKED</i> | | | | |
| | 10 | 7(2)(3) | What discipline methods do you use? | |
| | 10 | 11(1) | What is your practice when someone unknown to you arrives to pick up a child? | |
| | 10 | 11(5) | What do you do if there is a serious injury that requires immediate hospital treatment? | |
| | 10 | 12(5) | If you take children swimming, do you stay at the pool with them? | |